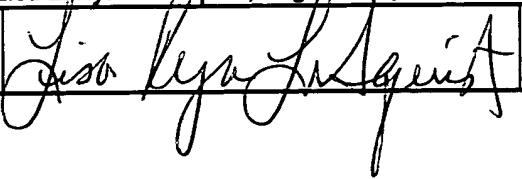


Vidas, Arrett & Steinkraus Utility Patent Application Transmittal		Atty. Docket No	E14.2-10817-US02
		First Inventor	Lawrence et al
		Title:	Bottlewash Additive
		Express Mail Label No. EL 992795397 US	
Application Elements		Address To: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
1. <input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Check Included 2. <input type="checkbox"/> Applicant claims small entity status 3. <input checked="" type="checkbox"/> Specification (including 0pg cover sheet, 17pg description, 5pg claims and 1pg abstract) Pages 23 4. <input checked="" type="checkbox"/> Drawings 5. <input type="checkbox"/> Oath or Declaration a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d) (for continuation/divisional with Box 19 completed) i. <input type="checkbox"/> Deletion of Inventor(s) – signed statement attached deleting inventors named in the prior application 6. <input checked="" type="checkbox"/> Application Data Sheet Pages 3 7. <input type="checkbox"/> Assignment Papers (cover sheet & documents and check) <input type="checkbox"/> Previously recorded on _____, Reel _____, Frames Pages 8. <input type="checkbox"/> Power of Attorney <input type="checkbox"/> 37 C.F.R. 3.73(b) Statement (when there is an assignee) 9. <input type="checkbox"/> English Translation Document 10. <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Copies of Citations (_____ references) 11. <input type="checkbox"/> Preliminary Amendment 12. <input checked="" type="checkbox"/> Return Receipt Postcard Pages 1 13. <input type="checkbox"/> Certified Copy of Priority Document 14. <input type="checkbox"/> Nonpublication Request 15. <input type="checkbox"/> Constructive Petition 16. <input type="checkbox"/> Limited Authorization 17. <input checked="" type="checkbox"/> VAS Utility Patent Application Transmittal Pages 1 18. <input type="checkbox"/> Other Pages			
19. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment or in an Application Data Sheet <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part Of prior application no.			
Prior Application Information: Examiner _____ Group Art Unit _____ For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference.			
20. TOTAL NUMBER OF PAGES 31			
21. CORRESPONDENCE ADDRESS <i>490</i>			
INSERT CUSTOMER NUMBER LABEL ABOVE			
Name	Lisa L. Ryan-Lindquist, Reg. No. 43,071		
Signature	 Date 9/17/2003		

PTO
 22141 U.S. 10/664265
 09/17/03

FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

Applicant claims small entity status. See CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 1398.00)

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None

Deposit Account:

Deposit Account Number: 22-0350

Deposit Account Name: Vidas, Arnett & Steinkraus

The Commissioner is authorized to: (check all that apply)

Charge the fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
1001	750	2001	375	Utility filing fee	\$750.00
1002	330	2002	165	Design filing fee	---
1003	520	2003	260	Plant filing fee	---
1004	750	2004	375	Reissue filing fee	---
1005	160	2005	80	Provisional filing fee	---

SUBTOTAL (1) (\$)

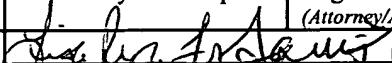
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	42	-20** =	22	X	\$18.00	=	396.00
Independent Claims	6	- 3** =	3	X	\$84.00	=	252.00
Multiple Dependent							

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple dependent claim, if not paid
1204	84	2204	42	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 648.00)

** or number previously paid, if greater; For Reissues, see above

SUBMITTED BY						Complete (if applicable)
Name (Print/Type)	Lisa L. Ryan-Lindquist		Registration No.	43,071		Telephone 952-563-3000
Signature				Date 09/17/2003		

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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